

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 579537

FILING DATE

APPLICANT(S)

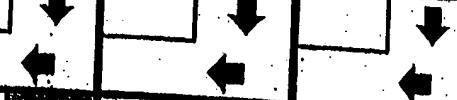
CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.    DEP.    IND.    DEP.    IND.    DEP.

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TOTAL  
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TOTAL  
DEP.



TOTAL  
CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

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TOTAL IND.	3				
TOTAL DEP.	18				
TOTAL	2				